

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>Arrowhead Graphics, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2014		
Mailing Address 508 Houston St			Amount 4852.42		
City Greensboro State NC Zip Code 27401		Transaction ID : SE.8024			
Purpose of Expenditure IE-McDaniel-Shipping		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 02 / 17 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MS <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Arrowhead Graphics, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 19 / 2014		
Mailing Address 508 Houston St			Amount 4454.50		
City Greensboro State NC Zip Code 27401		Transaction ID : SE.8025			
Purpose of Expenditure IE-McDaniel-Door Hangers/Shipping		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 02 / 19 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MS <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			9306.92		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>R. Russ Walker</i>			Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> 03 / 04 / 2014		

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Freedomworks, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 28 / 2014</b>	
Mailing Address <b>400 N Capitol St., NW Suite 735</b>		Amount <b>340.66</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.8026</b>
Purpose of Expenditure <b>IE-Cochran-Est. Staff &amp; Overhead</b>	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 28 / 2014</b>	
Name of Federal Candidate <b>THAD COCHRAN</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>9647.58</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Freedomworks, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 03 / 2014</b>	
Mailing Address <b>400 N Capitol St., NW Suite 735</b>		Amount <b>4.56</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.8028</b>
Purpose of Expenditure <b>IE-Cochran-Social Media Communications</b>	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 03 / 2014</b>	
Name of Federal Candidate <b>THAD COCHRAN</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>10810.89</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>345.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

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Date

MM / DD / YYYY  
**03 / 04 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rebecca Hagelin Communications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 03 / 2014</b>	
Mailing Address <b>4572 25th Road North</b>		Amount <b>1158.75</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22207</b>	Transaction ID : <b>SE.8027</b>
Purpose of Expenditure <b>IE-Cochran-Media Buy</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 03 / 2014</b>	
Name of Federal Candidate <b>THAD COCHRAN</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>10806.33</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1158.75</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>10810.89</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 04 / 2014**

Signature